

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2098

2098

STATE FILE NUMBER 62-015228

## 1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITY

Length of stay in 1b  
2 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION RESEARCH HOSP.

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN RAYTOWN, MO.

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
7915 ARLINGTON

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First FRED

Middle J

Last GORDANIER

## 4. DATE OF DEATH

Month APRIL Day 14 Year 1962

## 5. SEX

MALE

## 6. COLOR OR RACE

CAUC.

## 7. Married

☒ Never Married ☐ Divorced ☐

## 8. DATE OF BIRTH

NOV. 23-1892

## 9. AGE (last birthday)

70 YRS.

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SELF EMPLOYED

## 10b. KIND OF BUSINESS OR INDUSTRY

DELIVERY SERVICE

## 11. BIRTHPLACE (City and state or country)

RANDALL, KANSAS

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

HENRY L. GORDANIER

## 13b. MOTHER'S MAIDEN NAME

UNKNOWN

## 14. NAME OF HUSBAND OR WIFE

MRS. INEZ GORDANIER

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 17. INFORMANT

MRS. INEZ GORDANIER, 7915 ARLINGTON

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Rupture of Abdominal Aortic Artery

#### INTERVAL BETWEEN ONSET AND DEATH

36 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour 4-12-62 Month, Day, Year 4-14-62

## 20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

4-12-62

## 20f. CITY, TOWN, OR LOCATION

4-14-62

## COUNTY

4-14-62

## STATE

21. I attended the deceased from 4-12-62 to 4-14-62 and last saw him alive on 4-14-62  
Death occurred at 2:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Wm. R. Mortimer

## (Degree or title)

## 22b. ADDRESS

Raytown Missouri

## 22c. DATE SIGNED

4-14-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

4-16-1962

## 23c. NAME OF CEMETERY OR CREMATORY

GREENLAWN CEMETERY

## 23d. LOCATION (City, town, or county)

KANSAS CITY MO.

## (State)

## 24. FUNERAL DIRECTOR

MUEHLBACH 6800 TROOST

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

4-16-62

## 26. REGISTRAR'S SIGNATURE

Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

Wm. R. Mortimer

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1

27023

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4 0

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9451X

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13

DR. MORRIS  
9406 EAST 63RD.  
RAY TOWN.  
TILL 5.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Danny C. Kerns, Student Embalmer No. 647

working under my personal supervision.

Student Danny C. Kerns  
Signature of Student Embalmer

Signed B. D. Nelson

Licensed Embalmer No. 4421

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.